

INSTRUCTIONS FOR FILLING OUT THE ATTENDANCE FORM

*Blue attendance forms are to be used strictly for children that are attending school and need before and/or after school care.

*Yellow forms are to be used for transportation only.

*White attendance forms are to be used for all other types of plans.

-You will sometimes be required to use both blue and white forms for one child. For instance, if a school age child attended school and then has a teacher workday, you would need to list his/her name on both forms. The white form would have a ☒ marked just on the teacher workday. The blue would have all the before and/or after school days marked. This allows us to pay you a full time rate for this one full day of care. **UNDER NO CIRCUMSTANCES, SHOULD YOU LIST THE DAYS YOU KEPT THE CHILD BEFORE AND/OR AFTER SCHOOL ON THE WHITE ATTENDANCE FORM!!!**

-Fill in the name of your facility or your name if a private provider.

-Fill in the month.

-Print children's **FULL** names **clearly** next to the numbers on the left of the form. If you only keep one child, put that child's name next to #1. If you keep more than 13 children, print their names on an additional copy of the attendance form.

-Under the appropriate days of the month, use the correct code to record the dates that the child attended:

☒= PRESENT

X1= ABSENT DUE TO ILLNESS

X2= ABSENT DUE TO VACATION, OR OTHER REASONS

C= DAY CARE CLOSED

T= CHILD WAS TERMINATED

-Leave weekends **BLANK** unless you provide care for that child as allowed on the DSS voucher.

-Total the number of days under – days present.

-Under comments, please make sure to inform DSS of any situation that would not be covered by the attendance codes. For instance, if you are aware that the child will not be returning to day care and have not received a termination notice from the case worker. Also, please list any registration fees due and for which child.

-Fill in the complete mailing address for the facility or where the check is to be sent. If there is a change of address, make note beside the address. A telephone number for contacting providers regarding questions about attendance is also needed.

-Every provider or director must sign and date the form each month. Child care cannot be paid which does not have a valid signature. This certifies the attendance form which may be reviewed by state and federal day care monitors.

-Complete a monthly attendance form before sending/faxing/delivering to the Department of Social Services. **THESE FORMS MUST BE RECEIVED BY 5:00PM ON THE FIRST WORK DAY OF THE FOLLOWING MONTH IN ORDER FOR PAYMENT TO BE PROCESSED.**

FULL TIME CHILD DAY CARE ATTENDANCE FORM

Facility Name: _____

Address: _____

Telephone Number: () _____

**TO BE SUBMITTED NO LATER THAN THE FIRST
WORKDAY OF THE FOLLOWING MONTH!!!**

Month_____

☑ = PRESENT X 1 = ABSENT DUE TO ILLNESS X 2 = ABSENT DUE TO OTHER REASONS C = CLOSED T = CHILD TERMINATED

[illegible]

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED ON THIS FORM IS A TRUE AND ACCURATE REPORT OF ABSENCES FOR THE MONTH INDICATED.

Signature of Provider

Date

MAIL TO: LEE COUNTY DSS
PO BOX 1066, SANFORD, NC 27331-1066

COMMENTS: _____

[illegible]

**TO BE SUBMITTED NO LATER THAN THE FIRST
WORKDAY OF THE FOLLOWING MONTH!!!**

Address: _____

Telephone Number: () _____

Month

[illegible]

COMMENTS: _____

Date _____

MAIL TO: LEE COUNTY DSS
PO BOX 1066, SANFORD, NC 27331-1066

PART-TIME SCHOOL AGE ATTENDANCE FORM

Facility Name: _____

Address: _____

Telephone Number: () _____

**TO BE SUBMITTED NO LATER THAN THE FIRST
WORKDAY OF THE FOLLOWING MONTH!!!**

Month_____

☑= PRESENT X 1 = ABSENT DUE TO ILLNESS X 2 = ABSENT DUE TO OTHER REASONS C = CLOSED T = CHILD TERMINATED

[illegible]

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED ON THIS FORM IS A TRUE AND ACCURATE REPORT OF ABSENCES FOR THE MONTH INDICATED.

COMMENTS: _____

Signature of Provider

Date _____

MAIL TO: LEE COUNTY DSS
PO BOX 1066, SANFORD, NC 27331-1066
